


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90222 023 ***150.00

DOCUMENT # S11870	
1. Entity Name SIESTA PLAZA MOTEL, INC.	

Principal Place of Business 1120 SUN N SEA DR SARASOTA FL 34242	Mailing Address 3610 BROOKLYN AVE FT WAYNE IN 46809 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<input type="checkbox"/> CHECK HERE IF MAKING CHANGES
4. FEI Number 65-0228616
Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
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GROVES, JAMES 1120 SUN N SEA DR SARASOTA FL 34242

7. Name and Address of New Registered Agent
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Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MOHRMAN, MICHAEL	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FORT WAYNE IN 46809	
TITLE	D	<input type="checkbox"/> Delete
NAME	EHINGER, WILLIAM	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FORT WAYNE IN 46809	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARII, DAVID	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FORT WAYNE IN 46809	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACKER, HERBERT K	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FORT WAYNE IN 46809	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIANT, DONALD	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FORT WAYNE IN 46809	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPEN, BRUCE	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FT WAYNE IN	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paris, David	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
	Signature of William Ehinger	2-17-03	260-478-5326

CR2E034 (10/02)